



**Continuing Education for
New Jersey Licensed
Health Officials**

Continuing Education Contact Hours Record

**New Jersey Department of Health
and Senior Services
Office of Local Health - Education,
Training & Licensure Program**

CHECK ONE: ☐ HEALTH OFFICER LICENSE

☐ REGISTERED ENVIRONMENTAL HEALTH SPECIALIST LICENSE

☐ BOTH LICENSES ABOVE

LICENSE REGISTRY #: A- _____

LICENSE REGISTRY #: B- _____

RECORD OF CONTACT HOURS
FOR (YEAR) _____

S.S.N #: _____ NAME _____
FIRST NAME MI LAST NAME

ADDRESS _____ DAYTIME TELEPHONE # _____
STREET ADDRESS, CITY, STATE, ZIP CODE

This summary sheet is provided to health officer and registered environmental health specialist licensees to record continuing education contact hours throughout the year and is to be submitted with the license renewal application. Please transfer information from the official certificate(s) of attendance to this record and attach copies of all certificates for our review. Do not submit this record prior to or without your license renewal application which is distributed at year's end. For an active license, health officers and registered environmental health specialists are required to complete 15 contact hours (for health officers, 8 hours must be from LE courses) and are permitted to carryover a maximum of 5 contact hours in excess of the 15 required. Do not send previous year's records. The database will confirm these carryover credits. Indicate the total number of CE and LE contact hours for each course, the total hours for each course and the grand total of all columns. **Only courses pre-approved by the Public Health Council can be used to meet the continuing education requirement.**

Course Name and CE or LE Number*	Date(s)	Sponsor	No. Of Contact Hrs.		Total Contact Hrs.
			CE	LE	
GRAND TOTAL NUMBER OF CONTACT HOURS					

*FOR A COMPLETE LIST OF COURSE NUMBERS, SEE THE OFFICE OF LOCAL HEALTH'S WEBSITE AT:
<http://www.state.nj.us/health/lh/olh.htm>.

FOR STATE USE ONLY			
DATE RECEIVED ____/____/____	REVIEWED ____/____/____	STATUS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	
CARRYOVER HOURS FROM PREVIOUS YEAR	____ CE	____ LE	TOTAL ____ (MAX 5)
CONTACT HOURS CURRENT YEAR	____ CE	LE (8 CONTACT HRS. REQ. FOR HEALTH OFFICERS) YES ____ NO ____ (HAS REQ'D CONTACT HRS)	
TOTAL CONTACT HOURS.	____ CE	____ LE	
LESS ACTIVE STATUS CONTACT HOURS	____ CE	____ LE	
BALANCE CARRYOVER HOURS TO NEXT YEAR	____ CE	____ LE	